Testimony by Representative Roger Wicker
House Veterans Affairs Health Subcommittee
March 19, 2003

I appreciate the opportunity to testify on behalf of H.R. 709. This legislation has bipartisan support and is cosponsored by 27 of our colleagues, including the former Ranking Member of this Subcommittee Mr. Filner, and also Mr. Gibbons. I am pleased this panel is considering this change in law because it should save tax dollars and enable the VA to be more responsive to our nation's veterans.

For veterans in Mississippi and other states, it is often difficult and expensive to drive to a VA facility for a prescription. I have discussed this issue with veterans across my state, and they share similar experiences. The comments of one North Mississippi man are typical. He makes the point that no one knows his medical history better than his family doctor, whom he has seen for more than 40 years. He questions the need to travel 25 miles to a VA clinic or sometimes 100 miles to the VA hospital in Memphis when the same service could be provided closer to home. Veterans often see their local doctors and have prescriptions written, but the medication cannot be filled by the VA until they are examined by a VA physician.

H.R. 709 will provide veterans the option of obtaining their prescriptions from a physician outside the VA system. The Veterans Prescription Access Improvement Act will offer an alternative approach to thousands of veterans who would prefer to absorb the costs associated with a visit to a private physician instead of utilizing VA facilities.

Although this problem may be felt most acutely in rural areas, this bill will improve access to health care for all veterans. Our nation's veterans face unreasonable delays when they seek care. If a veteran in the first district of Mississippi called today to the Memphis, Tennessee, VA hospital to get an appointment with a doctor, they would be

lucky to get on the schedule by June.

There are several possible solutions to this problem. As a member of the Appropriations Committee, and a former member of the VA/HUD Subcommittee, I have supported increased funding for veterans medical care. Congress has increased funding for veterans health care by approximately 26% in the past three years, including the $2.5 billion increase in the FY 03 VA/HUD bill. But in addition to this increased funding, we should also consider new approaches to improve access and quality of care for our veterans at a reduced cost.

In a December 2000 report, the Inspector General of the Department of Veterans Affairs stated that many veterans use the VA solely for the purpose of filling prescriptions originally written by private physicians. In order to acquire the less expensive drugs provided by the VA, a veteran will undergo exams by both a VA doctor and a private physician.

> The Inspector General's report stated:
> "We believe that the processes VHA uses to restrict pharmacy services to only those veterans for whom it provides direct medical care is inefficient. Veterans with Medicare eligibility and/or private insurance coverage who choose to be treated by private non-VA health care providers must frequently, as a result of these processes, submit to duplicate exams, tests, and procedures by VHA simply in order to receive their prescriptions. As a result, VA medical centers frequently end up spending more on scarce clinical resources to "re-write" prescriptions than the prescriptions themselves cost."

The Inspector General determined that the Department of Veterans Affairs could save over $1 billion a year by allowing the VA to fill prescriptions written by private

physicians -- money which could be spent on needed care for our veterans.

The President's Fiscal Year 2004 Budget evaluates the effectiveness of some of VA's most important programs. This evaluation indicates that while all veterans are currently offered medical care, waiting lists are growing and the VA can not efficiently focus on poor and disabled veterans. It recommends that services and resources should be re-focused on veterans with service-connected disabilities, those with low income, and those with special needs. This legislation will directly address the need to reduce backlogs at crowded VA facilities. Also, it will support the President's recommendations by allowing some patients to choose an alternative method of care, closer to home, while freeing up VA medical staff so that they can attend to those more needy veterans.

Critics of this proposal have said that this legislation could result in added demand for prescriptions which the Treasury could not afford. However, easier access to medication should be a goal for which we strive. Veterans should not have to go without necessary medical care because of the inefficiencies in the current system. Further, as the IG report stated, the waste in the current system significantly exceeds the added cost of prescription drugs under a system proposed by H.R. 709. In addition, it is reasonable to expect that the VA's drug purchasing power will increase, thereby making the cost of drugs even less.

Other concerns have been raised that quality of care will be diminished if this legislation is enacted. I suggest that the opposite will occur. If access to prescription medication is increased, more veterans will have the benefits of affordable prescription drugs and physicians will be available to more adequately service the veterans that directly need their attention.

As the IG's report found, most "priority group 7" veterans use the VA only for

prescriptions since they prefer to use their private physicians. This could be attributed to the high rate of turnover of VA medical staff, the difficulty in getting an appointment with the same doctor time after time, or the lack of coordination of care in the current system.

The veterans in the First district of Mississippi most often utilize either the VA hospital in Jackson, Mississippi, or Memphis, Tennessee. Both of these medical centers are teaching facilities which depend on relatively short-term staff, a problem which is compounded by the high turnover of full time VA medical staff. This creates a lack of continuity of care in these facilities as compared to what is offered by a hometown doctor.

This is not a new concept. The VA already has a system in place to provide prescription drugs to veterans whose prescriptions are written by a private physician. However, under current law, only veterans who are "permanently housebound or in need of regular aid and attendance" may obtain their prescriptions in this manner. Typically, this system is used to treat long-term conditions such as high blood pressure, asthma, or diabetes. The VA could expand this existing mail order program to serve more veterans.

A model for the implementation of this expanded service could be the Department of Defense, which has for years allowed private physicians to write prescriptions which are filled by the Military Health Services System. As of the year 2001, the Department of Defense filled approximately 30 million prescriptions a year which were written by civilian physicians, about one-half of the total number of prescriptions which were handled. The DoD does not require a second visit to a military physician.

The Department of Defense has improved its technology to improve medication safety. Its computer system has a shared patient database which screens against adverse drug reactions and potential drug stockpiling. Just like a retail pharmacy, the military pharmacy can always call the prescribing physician if there are any questions about the

prescription.

As we all work together to improve access and quality of care for our nation's veterans, our focus should be on the veteran and not the bureaucracy. We must pursue solutions that serve the veterans who served us. Congress has correctly made veterans health care one of our highest priorities. This is reflected by substantial funding increases and the enactment of legislation to expand hospital services, outpatient care, and retirement benefits. The Veterans Prescription Access Improvement Act will further strengthen that commitment.

I thank the Committee again for your consideration of this legislation.